



Bib Data Sheet

CONFIRMATION NO. 760

<b>SERIAL NUMBER</b> 09/826,976	<b>FILING DATE</b> 04/05/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> TOBINICK 3.0-013
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**APPLICANTS**

Edward L. Tobinick, Los Angeles, CA;

**\*\* CONTINUING DATA \*\*\*\*\*** *Verified*

THIS APPLICATION IS A CIP OF 09/563,651 05/02/2000  
WHICH IS A CIP OF 09/476,643 12/31/1999 PAT 6,177,077  
WHICH IS A CIP OF 09/275,070 03/23/1999 PAT 6,015,557  
WHICH IS A CIP OF 09/256,388 02/24/1999 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none*

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 05/17/2001**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 39	<b>INDEPENDENT CLAIMS</b> 13
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

EZRA SUTTON, P.A.  
Plaza 9, 900 Route 9  
Woodbridge, NJ 07095

**TITLE**

Cytokine antagonists for the treatment of localized disorders

<b>FILING FEE RECEIVED</b> 926	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit